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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/662,231	09/15/2003	Slavin P. Broussard III	

Slavin P. Broussard, III
 16367 Chevernt ave.
 Greenwell Springs, LA 70739

CONFIRMATION NO. 9377

FORMALITIES LETTER



OC000000011518587

Date Mailed: 12/18/2003

NOTICE TO FILE CORRECTED APPLICATION PAPERS

Filing Date Granted

An application number and filing date have been accorded to this application. The application is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given TWO MONTHS from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

The required item(s) identified below must be timely submitted to avoid abandonment:

- A substitute specification in compliance with 37 CFR 1.52, 1.121(b)(3), and 1.125, is required. The specification, claims, or abstract page(s) submitted is not acceptable and cannot be scanned or properly stored because:
 - The line spacing on the specification, claims, or abstract is not 1½ or double spaced (see 37 CFR 1.52(b)).
- Replacement drawings in compliance with 37 CFR 1.84 and 37 CFR 1.121 are required. The drawings submitted are not acceptable because:
 - The drawings must be made on paper that has a white background (see 37 CFR 1.84 (e)). For example, drawings on graph paper, lined paper, or paper that has a non-white background are not acceptable. See Figure(s) 1, 2.
- Replacement claim(s) commencing on a separate sheet in compliance with 37 CFR 1.75(h) and 1.121 is required.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of \$43 as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

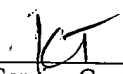
SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is **\$43** for a Small Entity

- Total additional claim fee(s) for this application is **\$43**
 - **\$43** for 1 independent claims over 3.

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*A copy of this notice **MUST** be returned with the reply.*



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